

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| 24 | 1 | | | | | |
| 25 | | 1 | | | | |
| 26 | 1 | | | | | |
| 27 | | 1 | | | | |
| 28 | | 1 | | | | |
| 29 | | 1 | | | | |
| 30 | | 1 | | | | |
| 31 | | 1 | | | | |
| 32 | 1 | | | | | |
| 33 | | 1 | | | | |
| 34 | | 1 | | | | |
| 35 | | 1 | | | | |
| 36 | | 1 | | | | |
| 37 | 1 | | | | | |
| 38 | | 1 | | | | |
| 39 | | 1 | | | | |
| 40 | | 1 | | | | |
| 41 | | 1 | | | | |
| 42 | | 1 | | | | |
| 43 | | 1 | | | | |
| 44 | | 1 | | | | |
| 45 | 1 | | | | | |
| 46 | | 1 | | | | |
| 47 | | 1 | | | | |
| 48 | 1 | | | | | |
| 49 | | 1 | | | | |
| 50 | | 1 | | | | |
| TOTAL IND. | 4 | | | | | |
| TOTAL DEP. | | 21 | | | | |
| TOTAL CLAIMS | 25 | | | | | |

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |